



# APPLICATION FOR POOL/SPA HEALTH PERMIT

Environmental Health Services Division

Davis County Health Department

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, TDD 801-451-3288

Fax: 801-525-5122

## Pool Information

**Type of Use:** ☐ Yr-Round Pool ☐ Yr-Round Spa

☐ Seasonal Pool ☐ Seasonal Spa

Pool Name \_\_\_\_\_

Pool Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Type of Pool:** ☐ Swimming ☐ Wading ☐ Therapy ☐ Spa

☐ Wave Pool ☐ Water Slide ☐ Interactive Water Feature ☐ Other (specify) \_\_\_\_\_

## Invoice/Mailing Address (If different from above)

Business Name \_\_\_\_\_

Vendor Acct. No. \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

LPO \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

LPO Number \_\_\_\_\_

LPO Expiration Date \_\_\_\_\_

## Analysis Information (Where do you want water sample results sent)

Business Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Owner Information and Business Type (Please select one)

Owner Name \_\_\_\_\_ ☐ Individual ☐ Partnership ☐ L.L.C. ☐ Corporation

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

It is the responsibility of the swimming pool/spa owner/operator to provide access to the swimming pool/spa for representatives of the Health Department at any reasonable time. Please make arrangements for Health Department access. The requested permit will be provided only after the following conditions have been met: a satisfactory pre-opening inspection has been conducted, a Licensed Pool Operator (LPO) that is responsible for the facility, and the required fees have been received. Operating a swimming pool/spa prior to permit issuance is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Public Swimming Pool Rules and Regulations. A swimming pool/spa permit may be suspended and/or revoked for non-compliance.

Date of Application: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount Paid: \_\_\_\_\_ [Revised 03/11//2013]